

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER	<i>DR</i>	<i>32</i>	<i>21</i>
FORMALITY REVIEW	<i>SH</i>	<i>1635</i>	<i>9-7-01</i>
RESPONSE FORMALITY REVIEW	<i>MR</i>	<i>825</i>	<i>9-20-01</i>

**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	
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If more than 150 claims or 10 actions  
staple additional sheet here

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10/09/01  
10/10/01  
10/11/01  
10/12/01